

10-23-06

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RCE

PTO/SB/30 (09-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Request
For
Continued Examination (RCE)
Transmittal

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/664,408
Filing Date	September 17, 2003
First Named Inventor	Sanders
Art Unit	1745
Examiner Name	Mercado
Attorney Docket Number	NAS-001

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 C.F.R. § 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

- a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
- ii ☐ Consider the arguments in the Appeal Brief or Rely Brief previously filed on _____
- iii ☐ Other _____
- b. ☒ Enclosed
- i ☒ Amendment/Reply
- ii ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other _____

2. **Miscellaneous**

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)
- b. ☐ Other _____

3. **Fees** The RCE fee under 37 C.F.R. § 1.17 (e) is required by 37 C.F.R. § 1.114 when RCE is filed.

- a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-3081. I have enclosed a duplicate copy of this sheet.
- i ☒ RCE fee required under 37 C.F.R. § 1.17 (e)
- ii ☐ Extension of time fee (37 C.F.R. §§ 1.136 and 1.17)
- iii ☐ Other _____
- b. ☐ Check in the amount of \$ _____ enclosed
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

10/24/2006 NHGUYEN1 00000061 503081 10664403
0. 10/20/01 395.00 DA

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Signature		Date	October 20, 2006
Name (Print/Type)	Gerald E. Worth	Registration No.	45,238

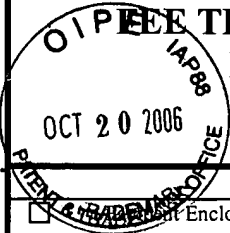
CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below. **MAILED BY EXPRESS MAIL**

Signature		Date	October 20, 2006
Name (Print/Type)	Lynn M. Giachinta		

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

 ORIGINAL TRANSMITTAL FY 2006					<i>Complete if Known</i>																																	
					Application Serial Number		10/664,408																															
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Attorney Docket No.		NAS-001																																				
METHOD OF PAYMENT					FEE CALCULATION (continued)																																	
<input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other					4. ADDITIONAL FEES																																	
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3081 <input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit. <input type="checkbox"/> Applicant claims small entity status.					Large Entity	Small Entity																																
					Fee (\$)	Fee (\$)	Fee Description	Fee Paid																														
1. BASIC FILING, SEARCH, AND EXAMINATION FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Application Type</th> <th>Filing</th> <th>Search</th> <th>Examination</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>500</td> <td>200</td> <td></td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>130</td> <td></td> </tr> <tr> <td>Plant</td> <td>200</td> <td>300</td> <td>160</td> <td></td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>500</td> <td>600</td> <td></td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>0</td> <td>0</td> <td></td> </tr> </tbody> </table>					Application Type	Filing	Search	Examination	Fee Paid	Utility	300	500	200		Design	200	100	130		Plant	200	300	160		Reissue	300	500	600		Provisional	200	0	0		130	65	Surcharge - late filing fee or oath	
					Application Type	Filing	Search	Examination	Fee Paid																													
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Small Entity Discount 1. TOTAL (\$) 0.00					50	25	Surcharge - late provisional filing fee or cover sheet																															
					2. EXCESS CLAIM FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.</td> <td>50</td> <td>25</td> </tr> <tr> <td>Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.</td> <td>200</td> <td>100</td> </tr> <tr> <td>Total Claims</td> <td></td> <td>Fee Paid (\$)</td> </tr> </tbody> </table>					Fee	Small Entity Fee (\$)	Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.	50	25	Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.	200	100	Total Claims		Fee Paid (\$)	130	130	Non-English specification															
	Fee	Small Entity Fee (\$)																																				
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Total Claims		Fee Paid (\$)																																				
HP = highest number of total claim paid for, if great than 20 Indep. Claims Extra Claims Fee Paid (\$) - 20 or HP= X \$ 25 = - 3 or HP= X \$ =					2,520	2,520	Request for ex parte re-examination																															
					Multiple Dependent Claims Fee(\$) 360 180				120	60	Extension for reply within 1 st mo.																											
2. TOTAL: (\$) 0.00					450	225	Extension for reply within 2 nd mo.																															
					3. APPLICATION SIZE FEE If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				1,020	510	Extension for reply within 3 rd mo.																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>-100 =</td> <td>/50 =</td> <td>round up to a whole number</td> <td>x</td> <td>=</td> </tr> </tbody> </table>					Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid	-100 =	/50 =	round up to a whole number	x	=	1,590	795	Extension for reply within 4 th mo.																					
					Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid																													
-100 =	/50 =	round up to a whole number	x	=																																		
3. TOTAL: (\$) 0.00					2,160	1,080	Extension for reply within 5 th mo.																															
					CORRESPONDENCE ADDRESS Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899				500	250	Notice of Appeal																											
SIGNATURE BLOCK Date: October 20, 2006 Reg. No.: 45,238 Tel. No.: (617) 526-9626 Fax No.: (617) 526-9899					500	250	Filing a brief in support of an appeal																															
					Other fee (Specify) Request for Continued Examination 395.00				1,000	500	Request for oral hearing																											
Other fee (Specify) _____					400	0	Petitions to the Director																															
					TOTAL AMOUNT SUBMITTED (\$) 395.00				180	180	Submission of IDS																											
Other fee (Specify) _____					790	395	Filing a submission after final rejection (37 CFR 1.129(a))																															
					Other fee (Specify) _____				790	395	For each additional invention to be examined (37 CFR 1.129(b))																											
Other fee (Specify) _____					100	100	Certificate of Correction for applicant's error																															
					Other fee (Specify) _____				110	55	Submission of Terminal Disclaimer																											
Other fee (Specify) _____					TOTAL AMOUNT SUBMITTED (\$) 395.00																																	
					Other fee (Specify) _____																																	